INTRODUCTORY ADDRESS,

DELIVERED ON

THE OPENING OF THE SESSION, 1866-7,

AT

THE BELFAST GENERAL HOSPITAL.

BY

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ADDRESS.

The opening of the Medical Session by an address is a very common, almost universal, practice in the London and many other hospitals. This circumstance has probably suggested to the Medical Staff the propriety of adopting a similar course. It has fallen to my lot to deliver that address.

My long connexion with the Belfast Medical School suggests to my memory two topics worthy of consideration. One of these is the responsible and trying position in which my colleagues and myself, as Surgeons to the Hospital, are often placed in dealing with those fearful injuries and formidable disease which are almost of weekly occurrence. Such events impress the memory so vividly that they are constantly recurring to the mind, and the line of conduct which may have been pursued in all its details becomes the subject of deep reflection; for, when the excitement of the moment has subsided, and when the mind calmly ponders over every incident that has occurred, it is then that we are able to profit by our experience—to see our own shortsightedness, or, it may be, to feel within ourselves a due appreciation of labour undergone and exertions made to master those fundamental principles which must ever be our guide, and which we are so often called upon to elucidate without even a moment's notice. Whatever we see is not easily forgotten; and if you reflect on what you see here, and devote yourselves to the study of those principles which you shall see applied, you will be laying the best possible foundation for your future success; and, besides, the opportunity is great for learning much with comparatively

little labour. Moreover, it shall be the duty of my colleagues and myself to bring before you the most important facts as they arise during the course of the session.

The other topic is the progress and future prospect of our Medical School; and of this I can speak from a personal connexion of twenty-five years; and it is hopeful in the extreme, and prompts to increased energy on the part of those who may be intrusted with the treatment of patients in hospital, and the instruction of the future practitioners of the North of Ireland.

When we pause and reflect on our arduous duties, there are times in which we are almost ready to shrink from them. If, however, you undergo an early training—if you are diligent as students—if you cultivate especially your faculties of observation, generalization, and reflection, you will soon become fit for your duties, especially when you are strengthened by the advice and assistance of equally laborious and diligent colleagues, who are always ready to appease your anxieties, and willing to share your responsibilities.

When I first became one of the surgeons to this Hospital, the surgical wards were of the meanest description. They consisted of three low-ceiled, and by no means comfortable wards, with a small room for operations, barely sufficient to accommodate the operators and the necessary assistants. What a contrast to our present position! Within the last three years, through the benevolence of Mr. Mulholland and Mr. Charters, two large wings have been added to the main building, which for excellence may be equalled, but are not surpassed, by any hospital in the Three Kingdoms.

The spot from which I now address speaks for itself. The structure of this theatre is such as to afford ample accommodation to see and learn from all that is going on. What a safeguard is such a structure to the unfortunate sufferers who may be brought within its precincts. Anything that is done here cannot claim to have the cloak of privacy thrown over it; it is open and public, liable to praise or blame. If you see treatment which you may suppose deserving of praise or censure, reflect well, and let your remarks be just and truthful.

Judging from the past, we can easily predict that, in even the short period of the session, you will have opportunities of witnessing much suffering and fortitude; and although I cannot say, from past experience in this theatre, that I have had much, if any, cause of complaint of irregularity of conduct, still a few precautionary words will not be amiss, especially to the junior student, who has not as yet had any practical acquaintance with the strange scenes that occur in the theatre of an hospital since the introduction of chloroform. Before the use of this anaesthetic, everything was sorrowful, all our acts and ideas were associated with suffering. But now matters are changed, and the sufferer often assumes the character of the chief and main actor in the comedy. When a patient is brought to have a severe operation performed, you will see him pale, anxious, and perhaps suffering much pain; he casts his eyes hurriedly over the spectators. On your part, at this time, there should be the greatest silence—not the slightest sign of any levity of conduct—for such would be cruel,—no applause nor recognition of any individual, no matter who he may be, who may happen to come in either as a spectator or as an assistant. Such applause, although prompted as a manifestation of individual respect, cannot possibly be understood by the patient, nor is it in harmony with his present state of mental and bodily suffering. In a few minutes matters will be completely changed. You will see him brought under the influence of chloroform, his bodily and mental sufferings will cease, violent struggles, with profound insensibility, soon supervenes, and this state is kept up until the operation is over. Fear is now transferred from the patient to the operator, and, although complete insensibility from chloroform is almost of daily occurrence here, and sometimes several times during the same day, and although we have not as yet had a fatal case from it, yet such is our dread of this wonderful agent, that habit will not assuage our fears of the serious consequences sometimes attendant on its administration.

When the patient awakes he is not aware that the operation is over, often timidly inquiring if we are about to com-

mence. When he is told that it is finished, he often does not believe us, but timidly raising himself up, and seeing that it is in reality over, he becomes at once the "merry of the merriest," and ready to exclaim

> "Your honour's players
> Are come to play a pleasant comedy."

But as the effects of chloroform are quite different in different individuals, often the course which you should adopt must vary. If he be sad from the loss of a limb, sympathise with him, and let him see by your acts that you do so. But no matter what mood the patient may be in, your conduct *here* should be irreproachable.

Belfast has, and is rapidly increasing in population. Manufactories have, and are springing up as if by magic, and our streets are crowded with vehicles. Although our manufacturing and commercial prosperity necessarily bring increased comfort and wealth to many, it also entails painful suffering and mutilation upon a few, as accidents, often of the most serious character, are almost the necessary adjuncts of our position. The thoughtlessness, inexperience, and rash daring of youth, the infirmities and declining powers of the aged, subject them to dangerous accidents.

Our machinery often inflicts injury as severe and as deadly as the weapons of modern warfare. The Belfast General Hospital affords great facilities for acquiring a sound surgical education, not only to the student who intends to enter on civil practice, but also to those of the army, navy, and Indian services. What better training could we have for successfully encountering those dreadful wounds which attend a bloody engagement, than the study of the mutilations inflicted by our railroads and by the vast amount of machinery in operation? The principles of treatment to be observed in cases of a limb mangled by the wheels of a railway carriage, or torn off by machinery, are the same as when a limb is carried off by a cannon ball or by any other projectile. The same comparison may be instituted in cases of severe compound fracture, and gunshot wounds implicating the bones. Besides, we are placed in the centre of a very large population, from which

emanate a great variety of medical and surgical disease, and all concentrated in one building. Having excellent opportunities for acquiring a sound medical and surgical education, if you aim at proficiency there is no way but one of obtaining it—that is, by extreme industry and great attention to the details of the cases under treatment. Even in the most common accidents, there is still a great deal of information to be acquired. In none of them can we say that our knowledge is so perfect that the subject is exhausted and incapable of further additions. Thus, if I take the most common of all our fractures, that of the lower end of the radius, several of your fellow-students who have been studiously observing the cases which have presented themselves here during the last twelve months, will tell you that there is still much to be learned. That denominating them all as Colles' fracture has retarded very much our progress, not only as to the causes producing them, but also their treatment. They have been able to see that the fracture described by Colles is by far the most common, caused in a particular manner, by falling on the palm of the hand, and attended by the most serious consequences if the natural form of the bone be not restored. They have also witnessed another form in which force applied to the back of the hand and wrist breaks the bone lower down than the vicinity of Colles' fracture, resembling it in some respects, but differing widely from it in others. They will also tell you that, by attentively observing and studying the cases of these accidents as they presented themselves, and by comparing the information thus acquired with that obtainable from their text books, they were surprised at the meagreness and imperfectness of the latter.

There are other accidents which we have been closely observing, and adding some valuable information to that which we already possess. One of them is the extracapsular fracture of the neck of the femur. We have been able to prove that the statements, almost universally adopted, as to the period of life at which this accident occurs, are erroneous. The examples of it which have, for years past, been admitted into this hospital, show that it is an accident of very advanced life, due to senile atrophy, or wasting of the upper end of the

femur, and this condition is the main predisposing cause. Besides, we have been able to place the diagnosis on a very simple and scientific basis. Give us advanced life, violence applied directly upon the trochanter, and we shall have an extracapsular fracture, and moreover, from the displacement of the fragments, the direct result of the fracture, we shall be able to detect the accident by an external examination of the joint. As this is a very painful accident, imparting to the vital energies, already on the decline, a shock so severe that in many cases they never rally from it, it is therefore very important that we should not inflict any additional injury; and besides, we have been able to arrive at a very sound, and I should almost say indisputable, practical precept in its treatment, and it is this: be the fracture an intracapsular or an extracapsular fracture, or be the accident a severe contusion, the treatment is the same. Place your patient on a good soft mattress, and he will soon shift himself into that position which affords a uniform support to the broken fragments. By adopting this plan, you will preserve many lives which you would lose were you to place them in a position constrained by pillows or splints.

The increase in the number of beds in our hospital has given us a greater number of cases of disease, and to afford still greater facilities for closer application to individual cases, the medical officers will attend at the same hour. This arrangement will diminish the number of students attendant on each, and, by preventing crowding at the bedside, will afford better opportunity for special research. If you aim at a high position in your profession, there is no way but one of attaining it, that is, by extreme industry and great attention, more particularly special research into the details of a few cases, learning to investigate disease by special research even from the commencement of your hospital attendance. In accident and disease there is an almost infinite variety or deviation from the usual type. This is a circumstance of great moment; it keeps the mind always on the alert—always suspicious—ready and open to detect peculiarities, and trains us to observe accurately, detect deviations, and reason correctly in adapting our treatment to its

Protean forms. Hence it is, that to succeed in determining the varieties of disease, and to adopt our treatment to them, requires us to be almost enthusiasts. I say enthusiasts, because a man who is not devoted to his profession—who has not an innate love for it—will never enter with sufficient minuteness into the numerous details to enable him to comprehend them to their fullest extent,—he will never attain accuracy in either diagnosis or treatment.

On going into hospital one morning, I asked one of the resident pupils, "Any new cases since yesterday?" "Yes," he replied, "I think a case of dislocation, of old standing, of both bones of the forearm, has been admitted." I replied, "Are you not certain?" "Yes, I am pretty certain." Now, gentlemen, the correct diagnosis of this accident is not so easily made out as you might suppose. (I make this statement from having met with more cases of it having been overlooked than all the other dislocations taken together.) It must be based upon a very correct anatomical knowledge, cautious and accurate induction. Indeed, whilst studying the anatomical structure of a part, you should also study its Surgery and Physiology, for the dry detail of anatomical relations will not impress the mind so forcibly as when we associate with it other information imparting to us the main object of our efforts. Nearly five weeks had elapsed since the boy received the accident. Can we reduce it at this period? On a former occasion, in a similar case, I failed. Will I have no better success in this case? What is the latest period at which this dislocation can be reduced?

Individual experience on many points, even of the most common accidents, is generally too limited to enable us to solve all the questions that may arise. We must, therefore, consult the experience of others, and refer to our books. But a question such as this suggests similar questions regarding other dislocations; and in our research, with comparatively little more labour, we may work up the subject of the reduction of all old cases of dislocation, and thus we shall accumulate, or have ready, a vast amount of information which shall afterwards be useful to us. As regards this dislocation, we shall

find that generally after four weeks, attempts at reduction have failed even in the hands of our ablest surgeons—men whose vigour of intellect and muscular power were of the highest order. Information of this kind, although not consolatory to the patient, will be satisfactory to yourself. You may try the reduction, and in doing so the information acquired from reading will tell you of accidents having occurred to others by using too much force. You will, therefore, be on your guard, and less likely to commit them than if you had neglected to avail yourself of their recorded experience. If you fail in the reduction, it cannot be referable to your want of knowledge, but rather to inherent difficulties which you cannot overcome. You may ask, "How did it happen that the accident was, in the first instance, overlooked?" Because the practitioners to whom the patients were first taken, whilst students walked the hospital as mere automata, perhaps not present at all, or, if present, looking in the most superficial manner at the cases under treatment; or it may be that they took the trouble of reading the card at the head of the patient's bed, upon which the name and the accident is inscribed, or of asking the medical attendant the name of the accident. He would thus be able to say, and tell his fellow-students, that there was a case of unreduced dislocation of the elbow joint under treatment. Whether the accident was or was not of the kind mentioned, so far as his own knowledge was concerned, it was mere hearsay. He did not, at any time, carefully examine the joint, so as to form an independent opinion on the case from his own observation.

I believe it to be a well-recognized fact, that the surgeons of an hospital are always accompanied by a more numerous train of students than the physicians. Surgical disease is usually the more apparent. It does not require much mental exertion to see that a patient is suffering from an ulcer, burn, disease of joint, or a fracture. But medical disease being, for the most, internal, the superficial observer sees only its external characters, which does not strike him as of great importance, and he therefore leaves the medical, and off he goes to the surgical wards. To the student, who has

just entered on his hospital studies, I would recommend him to attend the surgical wards, and to commence with the most simple forms of surgical disease—say ulcers. Let him learn to describe them, noting carefully their individual characters, comparing their different forms, and determining the constitutional conditions which modify their external appearances. This will naturally lead him to associate external forms with constitutional conditions, and this, again, will launch him into a field of inquiry affording ample scope for observation, reflection, and reading. Indeed, the student should never, for one instant, depart from the principle of assuming for himself the part of an independent investigator, of a man who shall see and think for himself. This plan will train him for the arduous duties of after life, and enable him to observe, think, and act, with advantage to his patients and credit to himself; for, unless he now commences as an independent investigator, when he has the advice and assistance of others to direct his thoughts and correct his errors, he will assuredly degenerate into the routine of empiricism. He will soon perceive that, generally, the characters which distinguish the benign from malignant ulcers are well defined, and that, in the benign, simple ulcers, their appearances and disposition to heal are modified very much by age, habits of life, constitutional types and constitutional disturbances, due to febrile attacks, irritating secretions in the bowels, and many other causes. Having studied the more simple forms, you will be preparing to enter on the more difficult cases of surgical disease, in which a correct diagnosis can only be arrived at by the most careful examination of its external characters, by the age, family history, habits of life, and other circumstances. All the signs must be most carefully weighed, with the mind ever open to conviction and ready to question its deductions by a critical examination of the past and present. How often do we meet with cases in which a correct diagnosis is more inferential than otherwise—in which we approach its true nature more by negative than positive characters.

After having attended the surgical wards for three months, you should go to the medical. You will there find por-

trayed the physiognomy of a diathesis, or morbid condition, which you saw previously in the surgical wards. The physician will direct your attention to the resonance of the voice, the dullness on percussion beneath the clavicles, with, perhaps, mucous rales and cavernous respiration. The signs of disease which will be brought before you by the physician must become, as in the surgical wards, subjects for your own observation. You must learn to percuss the chest, you must listen attentively to the sounds heard on auscultation, and be able to distinguish the healthy from the morbid, and give to the latter their true pathological signification.

I have no hesitation whatever in stating, that the student who neglects his hospital studies shall, by no effort in after life, be able to make up for the opportunity he has lost. In youth, our senses being as yet unimpaired, the faculty of observation is in perfection; the mind is vividly impressed by what we see and hear, the memory is consequently good, and the versatility of mind natural to us at that period enables us to engage easily in new subjects, and our powers of deduction and generalization will be corrected by the information imparted in clinical instruction.

It is in hospital that the rudiments of your profession, as an art, is to be acquired. You may learn the science of medicine elsewhere, but it is here that the art and tact of diagnosis is mainly to be acquired. In any one day, on going round the wards, you may see a great many patients labouring under the same morbid condition, perhaps not two of them with the same local affection. In one you will have the knee-joint, in another the elbow, in a third the fingers, in the fourth the lungs. The physiognomy of all will present certain characters, which language will fail to pourtray or books to describe; but how easily is the information acquired at the bedside, when you have so many varieties aggregated in contiguous beds, and in the same wards. Hence it is that the hard-working, intelligent, and observant student will acquire a greater amount of sound information, in the short period of his hospital attendance, than in many years of his after life. Richter makes the following remarks, which you should carefully consider: he says, "Indeed I do

not think that the experienced practitioner is formed by the number of patients. Experience is the result, not of seeing merely, but of reflecting. It is not eating alone, but digestion, that gives strength. A physician, who tells us that he visits 150, and even a greater number of sick people, daily, has, in my opinion, so little pretentions to the title of an experienced practitioner, that I would even deny that he had any experience at all. Truly, nature is not so complaisant that she will unveil herself at once to whosoever merely casts his eyes upon her." How true are these observations. Going rapidly round the wards, and merely glancing at the numerous cases under observation, will do you little good. It is mental digestion that gives strength; it is mental cultivation which should be your object. By devoting your mind to a few cases, and studying them minutely, you are improving your faculty of observation, and just as you cultivate it, so will it become more rapid and accurate. Hence it is that the close observer will often make a rapid and accurate diagnosis almost at a glance. His previous observations, made with cautious circumspection, impresses the memory so forcibly, that, when the same thing appears again before him, though a considerable time may have elapsed, the former impression was so vivid that he at once recognizes the signs which to him were, on a former occasion, the object of much study and calm deliberation.

The basis upon which a diagnosis must always rest is, a careful and accurate discernment of facts; for, if we examine carelessly or hastily, the materials thus acquired will probably be inaccurate and our diagnosis must be inaccurate. Although, at first sight, the art of examining a patient may seem to give a great deal of unnecessary trouble, however, a short experience will soon tell you that there is much requisite to be learned, and that you are very likely, and will be constantly falling into error, by too superficial examinations, and that you have overlooked several main facts which, if detected, would have unveiled the true nature of the disease. For, when we have arrived at the truth, then all the signs and symptoms, which were previously so perplexing, fall at once, like a child's puzzle, into harmonious union. Great

discrimination and tact are not unfrequently required to elicit from patients anything approaching to a true and correct account of their ailments; this is especially the case with the common labourer. They have very vague ideas of the nature of disease, and they always clothe their language in accordance with those ideas, and to unravel their confused and unmeaning descriptions is often of itself a task of great difficulty. If your knowledge of disease be derived from books, and not from careful observation at the bedside, you may probably be led to believe that, by the remembrance of symptoms, you will be able to detect this or that disease, and if you err, it is the memory that is in fault in not having retained a distinct recollection of the symptoms. Information acquired by the memory alone is, at the best, very transitory; but, if it be the result of the use of the organs of seeing and hearing, and the other senses, then it becomes more permanent, and can be recalled whenever we exercise it under similar circumstances, though at distant intervals.

Disease is never manifested by a constant and invariable set of symptoms. Nature delights in variety; in disease, as in your patients' faces, there is an infinite variety, no two are ever alike. The symptoms of disease are physiological manifestations of functions, and, in order that they should be uniform, it would require of the disease that it be confined to the one organ, occupy exactly the same place in that organ, and be in patients of exactly similar constitutions. In the same disease, the extent of the organ involved, and the rapidity with which it becomes involved, will vary in different individuals. Hence, the symptoms present various degress of intensity: or we may have them referable to contiguous organs—to the general state of the health—to complications of various kinds—to idiosyncrasies. Having thus an infinite variety of essential and accidental symptoms to deal with, our diagnosis must be based upon an intimate knowledge of Anatomy, Physiology, General Pathology, and even Chemistry must often be called to our aid.

The prevention and successful treatment of disease is the main aim of our labours. It is an almost undisputed fact, that the longer we live the fewer are the drugs which we prescribe,

and the less confidence do we place in them as curative agents. How does this occur? Experience gives us data of our own to reason from, which often impress us with the conviction, that agents which we at first employed, and which we then thought were of primary importance in the restoration to health, have afterwards, by more numerous trials, declined in our estimation, and that recovery was due rather to collateral circumstances, which we at first overlooked, or did not duly appreciate; or, perhaps, to the fact that recovery, equally speedy, when the line of treatment was the opposite to that which we had been, as we supposed, most successfully pursuing. How often do we see patients coming to us with wounds, who have been using, as healing remedies, substances which have the contrary effect; yet nature goes on with her work of reparation, indeed more slowly, but not less surely; or, as it often happens in epidemics, nay, in accidents and operations, that we have a run of successful, whilst our neighbour has had a great many unsuccessful cases. We naturally become elated by our success, and regard it as due to superior skill. Probably the next epidemic will turn the tables upon us, and we who were successful will have an equal number of unsuccessful cases. Events such as these cause us to pause and reflect, making us better, if not wiser and more humble men.

If we review the history of the treatment of disease during the past half century, and ponder on the changes that have occurred, we shall find them numerous, interesting, and full of instruction. If we take Phthisis Pulmonalis as an example; a medicinal agent is brought prominently forward, and its efficacy is supported by plausible argument; it comes into general use, experience bears testimony to its merits; in a few years, or months, it is in its wane, and at length it lies forsaken. Some other substance occupies its place, in its turn enjoying an ephemeral notoriety, and then sinking into oblivion. Thus might we speak of a great many more agents, which experience has at one time vaunted, at another condemned. But Phthisis is not exceptional, and these remarks are equally applicable to most diseases. What therapeutic agent seems to have any effect in diminishing

the mortality of Cholera? it is the same under the most opposite modes of treatment. We have had no better success in the Cattle Plague. What are our views now as regards the preparations of mercury, when compared with those entertained some years ago? We are unlearning that which our predecessors supposed they had learned by long and careful experiment. You may ask, Are we retrograding or advancing? We are unquestionably advancing,—we are becoming daily better acquainted with the organic laws, and just as we gain insight into them, so do our medicinal panaceas vanish. The mandates of nature's laws must be obeyed; we must conform to them—we must study them, that we may know wherein we have erred.

All organised beings, whether belonging to the animal or vegetable kingdom, have their own laws of life, some general and some special; and the gardener knows that, to cultivate successfully any plant, he must conform to those laws, and his success in rearing healthy, vigorous plants, will depend mainly upon compliance with their general and special requirements. If a plant become diseased because it is growing in a soil unsuitable to it, from excessive moisture, it must be removed to a drier locality. All efforts to restore it to health will be of no avail as long as it remains in the ungenial soil, and, if its vital energies have been greatly impaired, its removal may fail to restore it to health, and death will be the result.

The healthy are not subject to disease; they must, in the first instance, have their vital energies impaired, and it is neglect or infringement of the organic laws that weakens our vital force. Here, then, is the starting point in the cure of disease. Determine the agencies which are acting injuriously, remove the cause, and let it be removed early, before organic disease has been fully established. We are seldom in a perfectly healthy condition, and the vital actions may be going on seemingly unaffected by the circumstances under which we exist. If we suffer an accident, then the unhealthy condition of our system, roused into activity, manifests itself by inflammatory action. Do we not see this manifested daily in our surgical wards? Do we not see that

an inflammatory action supervenes, which medicinal agents alone have little or no effect in controlling, but which yields to a nutritious diet and the more favourable circumstances under which the patients are placed. The wards in which we place them are large and airy, and the air itself is as pure as is possible to have it in the midst of a large town; the bed is warm, comfortable, and cleanly; the food is given at regular intervals, in quality excellent, and in quantity as much as they can use. Contrast his condition in hospital with that before the injury: employed from six in the morning till six o'clock in the evening, undergoing much fatigue, his food insufficient in quantity, or in quality bad, breathing an impure atmosphere; at home, his bedroom small and crowded, his clothing perhaps insufficient. From these causes his health becomes impaired, and, to restore it, the first indication is, to remove the cause. To expect that any medicinal agent would restore health, whilst the causes of it are in active operation, would be absurd. By the judicious use of medicinal agents, the causes being removed, we assist the system to right itself, but nothing more. It is nature which cures disease, we merely assist her. When an animal is brought to this country from a tropical climate, and placed in any of our zoological gardens, our success in prolonging the life of that animal will depend on our knowledge of its habits, and just as we succeed in imitating them, so shall we prolong its life. The mandates of nature's laws must be obeyed—must be complied with—we must study them to know when we infringe them.

Our mission is the cure of disease. Some object, and very properly, to the use of the word cure, and say that it is the system that cures disease, and all that we can do is to assist it in those operations by which alone it effects a cure. This is unquestionably true. Nature heals a wound, and, in doing this, we know pretty well her operations; we assist her by bringing and retaining the edges in opposition,—we do the mechanical part of the work, the remainder she does. But we can still aid her further in her work. She may be interrupted and thwarted by various conditions of the system; these we must study, and learn to remove, that she

may steadily go on with her work. If we take phagadenic ulceration it will afford us an excellent example of the powers of our art. A patient has an ulcer, with livid and gangrenous edges, spreading rapidly; he is pale, and suffers much from pain. We dry the sore, apply the strong nitric acid freely. On the following day we find that there has been no further extension, and his general health is much better. The effect of the acid has been almost magical. By one or two applications a disease has been arrested and converted into a simple healthy ulcer, which, if unassisted, would rapidly produce such fearful ravages, that death would afford a happy relief to the sufferer. Science would be of little assistance to us here; experience has informed us of the powers which this acid exerts; we acknowledge the fact, and we use it with confidence when circumstances demand it. I adduce this as one of the many remarkable instances which a knowledge of facts, gained by experience, enables us to apply to the relief of human suffering.

The public know almost nothing of disease; lesions of structure never occur to their minds; they have, therefore, little discrimination, are being constantly led astray by the marvellous, and are too often the dupes of those who are ever ready to take advantage of their ignorance. Hence it is that we have, as in fashions of dress, fashions of medicine, which often delude the superficial observers of our profession, men whose ideas of principles are so vague that the fable of the philosopher's stone is always uppermost in their mind. They are always hunting after new remedies, in hope of finding specifics. One year we have Hydropathy, very good in its place, if its advocates would strictly confine it to its legitimate uses. It is one of the organic laws to observe cleanliness; a clean skin is not to be underrated; a clean bill of fare should not be objectionable; clean limbs, from muscular exercise, and a clean, pure, bracing air, are all desiderata, and conduce to a clear intellect and enjoyment of life. The Hydropathic system has many good points in it, but separate it from its adjuncts, and there is nothing more in it than you may see any day manifested in a duck-pond.

We have also Homœopathy, which has taken a considerable hold upon many of the public. The infinitesimal dose has a smack of the marvellous in it; it stands alone, there is nothing analagous to it. We cannot feed or clothe a person on the infinitesimal system. Had it been possible to do so, the Poor Law Board of Guardians would soon have adopted it. We cannot unload the intestinal canal by our small doses, nor can we rouse the action of the stomach to expel its contents when a dose of poison has been swallowed. Were we to prescribe Homœopathic doses of drugs, or to assume great remedial powers for any agent, and give it in those numerous class of cases of surgical disease admitted into hospital, in which scarcely any drugs are given, how marvellous and potent would their powers appear, especially to those who are ignorant of the powers of the system to right itself. We are, happily, not tackled to any system, we have learned sufficient to know that systems are not only useless but positively injurious. We have the organic laws before us; these must be our guide. We have abundance of disease—more than we should have were the mandates of the goddess Hygeia more fully recognized and obeyed. To know disease is a work requiring a sound and vigorous intellect. Nature delights in giving us plenty to do, as the varieties of disease which she presents to us are legion. Although apparently whimsical in her operations, yet, when we become acquainted with her, and understand her, we see that she acts according to fixed laws.

To investigate these laws, to embody in our investigations all those conditions which cause disease, would be too much for any one man, yet there are few of us who will not be able to contribute something useful. The more we study them, the more do we feel our own insignificance; they teach us to be less opinionative, although not less self-reliant, imparting a healthy vigour to our actions. What a pleasant profession that of medicine would be had we a peculiar remedy, in the shape of a drug, for our ailments. We might then exclaim, as the itinerant monk, Frere Jacques, who taught us the lateral operation of lithotomy, was wont to do, "I have extracted the stone, God will cure him." The

organic laws must be obeyed, or organic disease is the penalty, from which, when it has gone beyond certain limits, there is no escape, no specific remedy.

From the general tenor of my observations you might infer that I placed little confidence in the therapeutic effects of medicines. Such is not the case, nor do I wish to leave this impression on your mind. The reason why I have dwelt so much on the necessity of studying the organic laws is this, that they are too much neglected, and that, before entering on your medicinal studies, you have imbibed some of the popular notions, that the main agents in the cure of disease are medicinal substances, and that everything else is secondary. Determine, if possible, the cause, remove it, and then medicinal agents will afford you great assistance in remedying those conditions which are associated with it or may constitute it. Besides, in the early part of your professional career, you will be very apt to use drugs too frequently, and often indiscriminately, in cases which would do equally well almost without them, over which they have little control, the main element in the restoration to health being a little time and care to enable the organism to right itself. Besides, in books the directions for remedial agents are of general import, whereas in practice the requirements are special, necessitating great discrimination and tact in determining the indications and contraindications peculiar to the idiosyncrasies, habits of life, and other circumstances of your patient.

Gentlemen, in after life, when you look back at your college career, you will be astonished at the ease with which the mind adapted itself to your numerous and multifarious studies. But, notwithstanding all the information that you may have acquired, there will be a regret at having overlooked or undervalued some subjects to which more attention should have been given. Those subjects are, the investigation of disease by independent observation at the bedside, and the most careful study of all those preparations of diseased structure to which access was possible. That you may have no cause for regret, I can assure you that my colleagues and myself will afford you every facility for independent in-

vestigation, and we will even regard you as fellow-labourers, provided you earnestly set to work and apply for the office of dresser. The preparations of morbid structure deposited in the College Museum are always available; these you should examine very minutely and often, that the practical information to be derived from them shall be permanently stamped upon the memory.

Exertion you must make, labour must be undergone, self-restraint must be imposed, and a sound and vigorous state of mind and body maintained. All these conditions are necessary for permanent success, not only during your collegiate course but in after life. Most of you, being now in the full enjoyment of health, suppose that you have iron constitutions, able to withstand, with impunity, any amount of mental exertion and corporeal labour. The ardour of youth naturally implants in us this feeling. But, when I reflect on your habits of life before entering college, and how you will be engaged for six or nine months to come, it is quite evident that your habits will be very much changed. The mind will be more occupied—there will be less corporeal exercise—your food will not be exactly the same—the air which you breathe will not be so pure. These and other circumstances will affect, more or less, your general health, and predispose you to disease. You cannot, therefore, be too careful of your health. Excesses of all kinds must be most carefully avoided. Intemperance, with the nervous energies strained to the utmost, is certain destruction. The exertions requisite for attaining the highest honours at the college here, or at the various competitive examinations, do not necessarily entail such an amount of mental labour that impaired health must follow. Still, I must confess that, to study as you ought, great circumspection will be requisite; but steady, persevering industry, with ordinary attention to the general laws of health, will carry you through with safety and honour, and enable you, as your predecessors, to acquire fame and position, and, as they have done, to wrest the prizes from the athletae of the older and more favoured medical schools.